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APPLICANTS

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**** CONTINUING DATA ******* JAT

**** FOREIGN APPLICATIONS ******* JAT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged JAT <div style="display: flex; justify-content: space-between;"> <div>Examiner's Signature</div> <div>Initials</div> </div>	STATE OR COUNTRY NJ	SHEETS DRAWING 2	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
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ADDRESS
 Office of Counsel, Code 39
 Naval Surface Warfare Center
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 9500 MacArthur Boulevard
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TITLE
 Seal compression indication system

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